

Internal Med



**Written Questions
Answered**



from past years

هنا بنعمة ربنا تم دمج و اضافة فهرس لملفات اعدناها زملائنا في الدفقات السابقة
ربنا يبارك وقتهم و وقت كل واحد اضاف لزملائه ما ينفعهم
لسهولة الوصول لكل شابتر اثناء المذاكرة
بالتفوق يا دكتورنا و دكتورتنا



افضل طريقة للاستفادة من الملف ده
قراءة اسئله كل شابتر قبل مذاكرته
و نعرف هم يحبوا يسالوا في ايه



و بلده و احنا بنزاع لاول مره عندنا حب استطلاع

ايه اهمية السؤال اللي اتسال و مش هنتفاجئ بيه ليلة الامتحان زي اول مره كبراه
و هنزاع بنزاع على اجابه و تتحول المذاكرة لتعلم 😊 بنعمة ربنا



ربنا يمد ايد المعونه و ليكل تعب كل طالب علم
بالتفوق و الرفعه و الخير و يعوض كل بالفرح
له و لكل من حوله من اهل و اصدقاء
و يكون نجاحه رسالة امل و لكل من يتعرف عليه
و يكون عمله رساله عطاء و الهام
لرفع الخير دفعا لقلوب كل من يتعامل معه 😊



لا تمنع الخير عن اهلك مادام في طاقة يدك ان تفعله
الذي يزرعون بالدموع يحصدون بالابتهاج
كع مطمئنا جدا جدا ولا تفكر بالامر كثيرا بل دع الامر ليه بيده

CARDIOLOGY :

(((BLOOD PRESSURE)))

TTT essential Hypertension (OCT 2011)

- 1- non pharmacological ttt : w.t diet exercise
- 2- pharmacological ttt : anti htn drugs
(ACEI/ ARBs/ ANTI ADRENERGICS /BB /CCB/ DIURETICS /DILATORS)
- a) benign htn : step care therapy
- b) urgent htn : ER (triple therapy)
- c) emergent htn: ICU (I.V then oral anti htn drugs)

6 causes of 2ry hypertension (OCT 2011)(Kasr 2008-07-06)

TTT of hypertensive encephalopathy with doses(OCT 2011)(Kasr 2012)

Management with doses of renal hypertension (OCT 2012)

- 1 -CP
- 2- INV
- 3- DD (causes of renal HTN)
- 4- TTT

- (A) SYMPTOMATIC
(B) SPECIFIC
a) if benign or urgent HTN

GIVE: alfa methyl dopa / hydralazine / frusimide
NOT GIVE: spironolactone / ACEI / ARBs
CAUTIOUSLY GIVE : BB (pt is impending HF)

b) if HTN emergency (ARF)

- 1- ICU
- 2- I.V (same drugs)
- 3- ORAL : as stage 3 (BB + CCB + diuretic : frusimide)

- (C) TTT OF THE CAUSE
a) renal A stenosis → surgical
b) ARF → dialysis

(D) TTT OF COMPLICATIONS

5 Investigations for hypertension in 18y old patient (Kasr 2012)

5 causes of systemic hypertension unresponsive to more than 3 drugs (Kasr 2010)

resistant (refractory) HTN

persistent DBP > 100 mmhg

despite of use > 3 drugs

due to :

- 1- inadequate ttt
- 2- poor compliance to ttt (drugs / diet)
- 3- E.C vol expansion due to
 - a) renal insufficiency
 - b) Na retention (S.E of V.D)
 - c) high Na in diet
 - d) insufficient dose of diuretic
- 4- 2ary htn

Explain: encephalopathy may occur with sever hypertension (Kasr 2010-04)

Discuss diagnosis of hypertension in 16y old patient (KASR 2009)

- (A) causes (DD) of 2ary htn
(NB obesity / kidney disaesa / drugs are more common other causes are less common)

(B) clinical approach :

1- history : ==>

a) age

b) sex

c) symp

d) history of the cause

2- signs : ==> bp measured on 3 sessions . 140 / 90 3-

comps :

4- investigations

**Enumerate hypertensive emergencies and give account on 3 hypotensive drugs
(Kasr 2004)**

1- AMI

2-acute pulm edema

3- dissecting aortic aneurysm

4- SAH

5- cerebral hge

6- hypertensive encephalopathy

7- ARF

8- accelerated HTN

9- malignant HTN

Diagnosis of malignant hypertension (Kasr 2004)

==> malignant htn = sever htn > 220 / 120 + target organ damage + retinopathy (stage 4)

(A) CP

1- symptoms

2- signs :

a) general

* bp : 220/120 persistent elevated (2 times / 2 occasions)

* fundus exam : papilloedema + (other grades of retinopathy)

b) cardiac

(B) COMP

1- target organ damage

2- retinopathy (grade 4)

(C) INV

Causes of Considerable difference in blood pressure between upper and lower limbs (Kasr 2005)

1- SBP of LL > UL

a)- physiological (up to 20 mmhg)

b) pathological .(> ... 20 mmhg) ==> AR

2- SBP of LL < UL

a) AORTIC dissection

b) AORTIC coarctation

c) AORTIC saddle thrombus (Le Riche S)

4 causes of pulmonary hypertension (Kasr 2008)

Causes of hypokalemia in a hypertensive patient

1-manifestation of the cause

a) nephrotic \$

b) cushing \$

c) conn.s d

2- manifestation of complication

a) H.F

3- side effect of ttt

a) diuretics

b) ttt dyslipidemia ==> vomiting & diarrhea

TTT of Hypertensive retinopathy

==> ttt htn emergency

invest for a 33 pt with hypertension discovered accidentally (10 M)

1- INV OF THE CAUSE : discuss all causes and all its invs

2-INV OF THE COMPS : discuss all comps and all its invs

3- INV OF OTHER MANIFESTS OF ATHEROSCLEROSIS

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(((RHEUMATIC AND INFECTED ENDOCARDITIS)))

Aetiology ant TTT of infected endocarditis (OCT 2011-12)

TTT of infected endocarditis (Kasr 2004)

Investigation of Subacute bacterial endocarditis (OCT 2011)

CL/P of rheumatic fever (OCT 2011)(Kasr 2005)

Management of 32y old lady had mitral regurge going for cystoscopy (OCT 2012)

1- c/p & invest of MR

2-medical ttt of MR

(NB: profelactic antibiotics against INFECTIVE ENDOCARDITIS for cystoscopy ==> ampicillin or vancomycin (with doses)

Prophylaxis against Subacute bacterial endocarditis (with doses) (OCT 2012)

Prophylaxis against Rheumatic fever (with doses) (OCT 2012)

CL/P of infected endocarditis (OCT 2012)

Mention 2 major and 3 minor criteria for diagnosis of : (Kasr 2011)

a) Rheumatic fever

b) Subacute bacterial endocarditis

Predisposing factors and ttt of infected endocarditis (Kasr 2010)

Discuss diagnosis of fever in patient with rheumatic heart disease (KASR 2009)

(rheumatic heart disease = valve damage that occurs after RF)

answer

1- c/p of RF

(NB : fever is a minor criteria of RF due to pharyngeal inf with group a b hemolytic streptococci

pt with rheumatic heart disease would have tachycardia

tachycardia is dispropotionate to fever due to compensatory tachycardia (impending HF)

2- dd of fever in cardiac pt

3- inv of RF

Investigation, prophylaxis, ant TTT of rheumatic fever (Kasr 2006)

Investigation, prophylaxis, ant TTT of infected endocarditis (Kasr 2006)

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(((HEART FAILURE)))

Causes of Rt side heart failure (OCT 2011)

Management of Congestive heart failure (OCT 2012)

Congestive heart failure (RHF 2ary to LHF)

1- cp (just headdings)

2- inv (just headdings)

3- ttt

==> plan of ttt (hawary page 14)

+ some details accord to the mark

6 causes of Acute heart failure (OCT 2012)

ACUTE HF

(A) ETIOLOGY

1- LVF

AMI, Acute MR following SBE, Malignant hypertension, Arrhythmias as VF & VT

2 RVF

AMI, Acute PE, Massive lung collapse, tension pneumothorax

3 Biventricular failure

acute myocarditis

(B) C/P : same except chamber enlargement II edema and ascitis

(C) INV : same except chamber enlargement

(D) TTT : ttt hf + ttt cause

Outline ttt of acute pulmonary edema with doses(OCT 2011)(Kasr 2012)

Explain : Chronic heart failure causes pleural effusion (Kasr 2010)

Enumerate causes of diastolic heart failure (KASR 2009)

Causes, diagnosis, and TTT of cardiac and non-cardiac pulmonary edema (Kasr 2009)

Precipitating Causes of heart failure (Kasr 2007)

Causes of haemoptysis in LSHF (Kasr 2004)

- 1- pulm congestion
- 2- pulm infarction
- 3- pulm infection
- 4- rupture bronchial varices
- 5- rupture aortic aneurysm

Causes of orthopnea in LSHF (Kasr 2004)

==> dyspnea in recumbancy due to

- 1- increase VR to heart ==> pulm congestion ==> dyspnea
- 2- elevation of diaphragm ==> encroach on vital capacity of lung ==> compensatory tachypnea (dyspnea)
- 3- improper use of chest wall ms

Give reason for orthopnea in Lt side heart failure (Kasr 2006)

==> dyspnea in recumbancy due to

- 1- increase VR to heart ==> pulm congestion ==> dyspnea
- 2- elevation of diaphragm ==> encroach on vital capacity of lung ==> compensatory tachypnea (dyspnea)
- 3- improper use of chest wall ms

causes of diuretic resistance 2009

- 1-Lack of salt restriction : tt by adequate salt restriction
- 2-Severe hypoalbuminemia :tt by IV albumin
- 3-Dilutional Hyponatremia : tt by fluid restriction & Iv manitol
- 4-Serious problems as : TB peritonitis , Malignant ascitis

Side effects of lanoxin & cordarone 2009

Digoxin = lanoxin

Cordarone =amiodarone

Causes of diastolic H.F:

- 1- AS
 - 2- CP
 - 3- Cardiac tamponade
 - 4- HTN
 - 5- IHD
 - 6- RCM (amyloidosis / sarcoidosis)
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(((ARRYTHMIA)))

6 causes of atrial fibrillation (OCT 2011) (Kasr 2008)

Management with doses of atrial fibrillation (OCT 2012)

Management of VT (with doses) (OCT 2012)

5 Causes of sinus tachycardia (Kasr 2011)

Causes of tachycardia (Kasr 2004)

4 causes of sinus bradycardia (kasr 2008)

Outline TTT of atrial fibrillation (Kasr 2011)

5 causes of ectopic ventricular beats(Kasr 2012)

ectopic ventricular beats = extracystole = premature beats

Causes and management of Rapid atrial fibrillation (Kasr 2009)

= => all causes except causes of slow AF

Causes of slow AF (Kasr 2006)

- 1- digitalis
- 2- BB
- 3- lone AF
- 4- associated HB

Difference between AF and Multiple extra systole (Kasr 2005)

Aetiology, diagnosis, DD, complication, TTT, TTT of complication of AF (Kasr 2002)

causes of tachycardia

1- REGULAR TACHYCARDIA

- a) sinus tachy
- b) S.V.T
- c) V. tach
- d) A. flutter

2- IRREGULAR TACHYCARDIA

- a) A.F
- b) extracystole
- c) sinus arrhythmia

enumerate causes of each & just few words about each cause

NB : causes of S.V.T/ V. tach / A. flutter / A.F / extracystole
almost the same

Af is common in elderly patients

- 1ary :of unknown etiology - more common in elderly
2ary : old pt more prone to CAD & HTN

(((ANGINA AND MI)))

Risk factors of coronary heart disease (OCT 2011-12)

Risk factor of atherosclerosis (Kasr 2012)

Anatomy of coronary circulation (Kasr 2004)

Complication of AMI (OCT 2012)

Investigation for Angina pectoris (OCT 2012)

Outline TTT of Angina pectoris (Kasr 2011-04)

Describe drug therapy (with doses and side effects) of Unstable angina
(Kasr 2009)

Causes of painless MI (Kasr 2005)

Give account on heparin therapy (Kasr 2005)

Give account on oral anticoagulant (Kasr 2004)

How can you differentiate angina from AMI (Kasr 2005)

Diagnosis and TTT of AMI (Kasr 2003)

TTT of the following MI complication (acute pulmonary edema - premature beat) (Kasr 2003)

(((SYMPTOMATOLOGY)))

Non cyanotic causes of clapping (Kasr 2005)

Causes of differential cyanosis (Kasr 2005)

differential cyanosis : cyanosis in ll only

due to :PDA with

- pulm HTN (eisenminger \$)
- preductal coarctation of aorta

Causes of lower limbs edema (Kasr 2007)

Causes of unequal pulse of upper limbs (Kasr 2005)

Causes of water hammer pulse (Kasr 2005)

4 causes of congested neck veins (Kasr 2008)

Causes of congested non pulsating neck veins (Kasr 2005)

Causes of hyperdynamic circulation (Kasr 2005)

Causes of pulsus paradoxus (Kasr 2006)

Causes of split second sound over pulmonary area (Kasr 2006)

5 causes of central cyanosis (Kasr 2008)

Difference between bronchial and cardiac asthma (Kasr 2004)

Define and mention causes of Syncope (OCT 2012)(Kasr 2009-08)

Cardiac causes of chest pain (OCT 2012) (Kasr 2011)

enumerate 4 causes of pale clubbing

causes of non cyanotic (pale) clubbing

1- CVS :....SBE

2- CHEST : SLS / cryptogenic ILD / severe cases of tb

3- GIT: 1ary biliary cirrhosis / intestinal polyposis / IBScancer colon /cancer stomach

4- FAMILIAL

5- TRAUMATIC

6- PSEUDO CLUBBING

(((OTHERS)))

Management of cardiac arrest (basic life support) (OCT 2012)

TTT of cardiac arrest (OCT 2012)

Outline how to deal with Cardiac arrest (Kasr 2011)

CL/P and TTT of cardiogenic shock (Kasr 2004)

Discuss diagnosis of dilated cardiomyopathy (KASR 2009)

Management of DVT (OCT 2012)

Enumerate 4 risk factors of DVT (Kasr 2009)

Complication of AS (OCT 2012)

CHEST :

(((BRONCHIAL ASTHMA)))

TTT bronchial asthma after acute attack (OCT 2011)

(A) discuss all asthma controllers accord to step wise therapy

1- step 1 : character / controller (preferable drug / alternative drug)

2- step 2 : character / controller (preferable drug / alternative drug)

3- step 3 : character / controller (preferable drug / alternative drug)

4 step 4 : character / controller (preferable drug / alternative drug)

(B) GENERAL MEASURES

(avoid PPFs / psychotherapy / ttt chest inf / immunotherapy)

Outline ttt of status asthmaticus (OCT 2011)

Management of status asthmaticus (OCT 2012)(Kasr 2004)

Outline TTT of Bronchial asthma (OCT 2012)(Kasr 2012)

Mention the manifestation of sever asthma and how to ttt (Kasr 2011)

Describe drug therapy (with doses and side effects) of Bronchial asthma (KASR 2009)

Discuss ttt of an attack of bronchial asthma (Kasr 2006)

(A) discuss all quick asthma relievers

(give one drug if no response add another one)

(SABA ==> IV steroids ==> inhaled anticholinergics ==> IV short acting xanthenes)

(B) in sever cases (status asthmaticus) ==>

* hospitalization

* oxygen : mechanical vent

* correct acidosis & e imbalances

* if no response to previous drugs ==>IV SABA / IV MGSO4 / IV short acting xanthenes

Difference between bronchial and cardiac asthma (Kasr 2004)

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(((TB)))

CL/P of pulmonary TB (OCT 2012)

TTT of pulmonary TB (with doses and side effects) (OCT 2012)(Kasr 2011-06-04)

Investigations for Pulmonary TB and what are the expected findings (Kasr 2012)

Describe drug therapy (with doses and side effects) of Tuberculus pericardial effusion (Kasr 2009)

Radiological features of pulmonary TB (Kasr 2005)

Diagnosis and TTT of pylmonary TB cavity (Kasr 2003)

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(((PLEURA)))

Causes of unilateral hemorrhagic pleural effusion (OCT 2011)

1- trauma :

*iatrogenic : tapping of effusion

* accidental : fracture rib

2- TB

3- tumor

* benign : mesothelioma

* malignant 1ary & 2ary

4- pulmonary infarction

5- rupture of aortic aneurysm in pleura

5 causes of pleural effusion (Kasr 2008-06)
CL/P of pleural effusion (OCT 2012)
Enumerate causes of pneumothorax (KASR 2009)
Types of pneumothorax (kasr 2008)
Types of pleural effusion (kasr 2008)
Causes of pleural effusion and describe (symptoms-signs-Investigations) of one of them (Kasr 2007)

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(((MEDIASTINUM)))

6 causes of posterior mediastinal syndrome (OCT 2011)
Anatomy of mediastinum (Kasr 2005-03)
CL/P of mediastinal syndrome (Kasr 2005)
Diagnosis of mediastinal syndrome (Kasr 2003)

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(((PNEUMONIA)))

CL/P of pneumococcal pneumonia (OCT 2011)
5 complication of pneumococcal pneumonia and how to ttt (Kasr 2011)
Outline TTT of lobar pneumonia
Enumerate 2 organisms causing CAP (Kasr 2009)
Enumerate causes of pneumonia (KASR 2009)
TTT of pneumococcal pneumonia (Kasr 2005)
Differentiate between lobar and bronchopneumonia (Kasr 2005)

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(((SYMPTOMATOLOGY)))

5 causes of clubbing due to chest disease (Kasr 2008)
Chest causes of central cyanosis (Kasr 2006)
5 causes of central cyanosis (Kasr 2008)
Give reason: cyanosis in COPD (Kasr 2006)
Investigation for haemoptysis (OCT 2011)
10 causes for haemoptysis (OCT 2012)(KASR 2009-08-05)
Causes of haemoptysis in bedridden patient (Kasr 2005)

1- pulmonary embolism and DVT slow stagnant circulation
==> thrombosis ==> dvt ==> pulm embolism
2- pulmonary infection esp pneumonia
3- pulmonary congestion pt can.t turn themselves
==> accumulation of secretions ==> pulm congestion

6 causes for acute dyspnea (OCT 2012)
5 Causes of productive cough (Kasr 2010)
Types of cough (kasr 2008)

1- acute or chronic
* acute : < 3 w eg pneumonia / pulm embolism
* chronic : > 3 w eg : COPD / lung abcess

2- dry or productive

- * dry : ILD/ BA /pleural /GORD / ACEI / psychogenic
- * productive : tracheo bronchial alveolar causes only

3- wheezy or not

* wheezy :

a) localized : br. Carcinoma

b) generalized : bronchitis/bronchiectasis/ BA /COPD

*non wheezy : rest

4- has periodicity or not

*periodic :

a) early morning : bronchitis/bronchiectasis/ BA

b) nocturnal : cardiac asthma

* non periodic : rest

5- central or reflex or neurological

* central : brain tumors

* reflex .. : pneumonia /

* neurological : neurotic female

Types of sputum (kasr 2008)

1- SEROUS

* character : watery frothy pinkish

* cause : APE / alveolar cell ca

2- MUCOID

* character : watery viscid grey

* cause : COPD / chronic bronchitis / BA (mucous bellets)

3- PURULENT

* character : yellow (a live neutrophils / eosinophils) or green (dead neutrophils)

* cause : pneumonia (acute) / SLS (chronic)

4- MUCOPURULENT

* character : mucoid + purulent

* cause : TB (nummular)

5- RUSTY

* character : reddish brown

* cause : pneumonia (red hepatization)

6- RED CURRENT JELLY

* character : bloody + cell debris + necrotic tissue

* cause : bronchogenic ca

7- ANCHOVY SAUCE

* character : chocolate

* cause : amebic lung abscess

Causes of coughing large amount of yellow sputum (Kasr 2005)

What are the values of laboratory examination of sputum (Kasr 2004)

1- STAINING

a) gram stain : bact (gram +ve) / alveolar macrophages / inf cells

b) Z.N staing : tb

c) giemsa stain : malaria

d) immunoflurecent : fungi / P. carinii

e) cytological stain (papanicolaou method) : malignant cells

2- C/S

a) fungi

b) tb (BACTEC / L.J media)

c) virus

3- ANIMAL INOCULATION

a) tb (guinea pig)

4- PCR

a) tb

Investigation for purulent cough for 3 months (OCT 2012)

(A) causes of purulent cough for 3 months (chronic purulent cough)

=> suppurative lung syndrome

(B) INVESTIGATIONS

1- CXR

- a) abscess : cavity with fluid level
- b) bronchiectasis : honey comb
- c) cystic fibrosis : soap bubble appearance / multiple air fluid levels

2- C.T ==> diagnostic

3- C/S (sputum analysis) ==> C.O

4- CBC : leucocytosis with shift to the lt

5- BRONCHOSCOPY : in some cases

6- Na in sweat : high in cystic fibrosis

7 – pancreatic fun test : impaired in cystic fibrosis

5 Investigations for acute chest pain (Kasr 2012)

1- CVS

- a) ECG / ECO : angina / MVP
- b) cardiac Es. : AMI

2- CHEST

- a) CXR: pneumothorax
- b) pul angio : pul embolism

3- GIT

- a) endoscopy.....: peptic ulcer
- b) 24 h intraluminal PH..: GERD
- c) abd US: cholecystitis

5 pulmonary manifestations of systemic disorders (Kasr 2007)

Types of crepitations (kasr 2008)

clinical approach of acute chest pain

(((PULMONARY EMBOLISM)))

Management of pulmonary infarction (OCT 2012)

Investigation for Pulmonary embolism (OCT 2012)

5 investigation and TTT of Pulmonary embolism (Kasr 2011)

Explain why prolonged bed rest predisposes to pulmonary embolism (Kasr 2010)

Causes of pulmonary embolism and its CL/P (Kasr 2005)

(((OTHERS)))

CL/P of bronchiectasis (OCT 2012)

5 Complications of bronchiactasis (Kasr 2012)

5 complication of COPD (Kasr 2012)

Management of Acute respiratory failure (OCT 2012)

1- C/P : acute hypoxia / acute hypercapnea

2- inv

- a) specific pulm fun test

- * ventilation test ==> obstructive or restrictive pattern (according to the cause)
- * perfusion test ==> may be impaired
- * diffusion test ==> may be impaired

b) general pulm fun test (ABG / PH / pulse oximeter) ==> pattern of acute type 1 or 2
c) Inv of the cause

3- TTT

- a) ICU & monitoring
- b) ABC (ETT / remove FB / elimination of secretion / mech vent)/
- c) ttt of the cause eg pneumothorax : under water seal
- d) ttt of comp : eg pulm infection & acidosis

CL/P of chronic respiratory failure (Kasr 2005)
5 causes of pulmonary hypertension (Kasr 2008-07)
Risk factors of Bronchogenic Carcinoma (OCT 2011)
CL/P of Bronchogenic carcinoma (OCT 2012)

causes of acute resp failure (hwary)

(A) ACUTE TYPE 1 RF (diffusion or perfusion problem)

- 1- pulm . embolism
- 2- pneumonia
- 3- pulm edema (cardiogenic / non cardiofenic (ARDS))

(B) ACUTE TYPE 2 RF (ventilation problem)

a) obstructive hypoventillation

1- (((upper resp tr obst)))

eg : FB / laryngeal spasm / laryngeal edema)

2- (((lower resp tr obst)))

eg: acute bronchitis / status asthmaticus)

b) restrictive hypoventillation

1- (((decreased compliance of)))

lung : --

pleura : tension pneumothorax rapidly accu effusion)

chest wall : --

2-(((neuro muscular apparatus disorder)))

CNS : head injury / stroke / tumors

AHC : poliomyelitis / transverse myelitis / MND

PN : Gillan paree \$ / diphtheria

NMJ : myasthenia crisis

M : ---

causes of chronic resp failure (hwary)

(A) CHRONIC TYPE 1 RF (diffusion or perfusion problem)

- 1- ILD
- 2- emphysema
- 3- pulm A.V. shunt

(B) CHRONIC TYPE 2 RF (ventilation problem)

a) obstructive hypoventillation

1 (((upper resp tr obst))) ==> no

2 (((lower resp tr obst)))
eg : COPD / bronchial asthma

b) restrictive hypoventilation

1- (((decreased compliance of)))
lung : ILD
pleura : massive effusion
chest wall : deformity / scleroderma

2-(((neuro muscular apparatus disorder)))
CNS : --
AHC :--
PN : --
NMJ : myasthenia graves
M : myopathy

ENDOCRINOLOGY :

(((DIABETES)))

TTT DKA (OCT 2011)(Kasr 2011-04)
5 causes of 2ry DM (OCT 2011)(Kasr 2008-07)
Aetiology and TTT of DKA (Kasr 2004)
Pathogenesis of DM II (OCT 2011)
Microvascular complication of DM (OCT 2011)
6 causes of coma in DM (OCT 2011)

DIABETIC COMA

1- ACUTE :

- a) Hypoglycemic
- b) Hyperosmolar non-ketotic
- c) Lactic acidosis
- d) DKA

2- CHRONIC

- d) Stroke due to atherosclerosis
- e) Uremic coma due to diabetic nephropathy
- f) septicemia / fulminant inf

Causes of non-ketotic diabetic coma (Kasr 2005)

Diagnostic criteria for DM (Kasr 2012)

Why patient with DM may complain of pain in extremities (Kasr 2010)

1- NEUROPATHIC PAIN

- a) N ischemia(atherosclerosis of vasanervosa)
- b) N damage(KBs / sorbitol)
- c) N degeneration (decreased vit B 1/6/12)

2- MUSCULAR PAIN

- a) M .ischemia (atherosclerosis) ==>
 - * claudications
 - * gangrene (only the infective type (intact sensations))
- b) electrolyte disturbances

3- CUTANEOUS PAIN

- a) cellulitis
- b) abcess / ulcers

Describe drug therapy (with doses and side effects) of DM II (Kasr 2009)

Describe the management of DM II (Kasr 2008)

Mention the different types of insulins, pharmacodynamic effect (Onset and duration) (Kasr 2008)

Causes of enlarged liver in diabetic patient (Kasr 2005)

Causes of diabetic diarrhea (Kasr 2004)

TTT of diabetic peripheral neuropathy (Kasr 2005)

Causes of diabetic peripheral neuropathy (Kasr 2004)

- a) N ischemia(atherosclerosis of vasanervosa)
- b) N damage(KBs / sorbitol)
- c) N degeneration (decreased vit B 1/6/12 due to polyurea)

Causes of polyurea in diabetes (Kasr 2004)

- 1- hyperglycemia "osmotic "

- 2- ephropathy
- 3- DKA
- 4- hyperosmolar nonketotic

Enumerate complication of diabetes (Kasr 2004)
CL/P of diabetic nephropathy (Kasr 2004)
Complication of insulin therapy (Kasr 2004)
Indication of insulin therapy (Kasr 2003)
CL/P of diabetic nephropathy (Kasr 2004)
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(((HYPOGLYCEMIA)))

Causes and **CL/P of hypoglycemia (OCT 2011)**

(A) A SYMPTOMATIC : masked hypoglycemia due to

- 1- alcohols
- 2- BB
- 3- old age
- 4- tranquilizers

(B) MANIFESTATIONS OF SYMPATHETIC OVER ACTIVITY

symp: palpitation / sweating / pallor / irritability / tremors

signs : hypetension / strong rapid pulse / moist skin / dilated pupil

(C) MANIFESTATIONS OF HYPOGLYCEMIA

- 1- rapidly – glu : coma / convulsions / brain damage / death
- 2- slowly – glu : coma / convulsions / headache
- 3- nocturnal – glu : night mars / hallucinations / morning parathesia / loss of consciousness

4 Causes of hypoglycemia (Kasr 2008-04)

Causes of hypoglycemia and CL/P and TTT of hypoglycemic coma (Kasr 2008)

Give reason for sweating ant tremors in hypoglycemia (Kasr 2006)

in case of hypoglycemia ther.s increased insuline
so the body respond by ++ anti insulins
Adrenaline is the fastest anti insuline to be secreted
leads to sympathetic over stimulation →

- 1- tremors
 - 2- sweating
-

(((THYROID)))

Causes, CL/P and TTT of thyrotoxicosis (OCT 2011)

TTT of Graves disease (OCT 2012)(Kasr 2011-12)

Discuss drug therapy (with doses and side effects) of thyrotoxicosis (Kasr 2009)

TTT of thyrotoxicosis during pregnancy (Kasr 2006)

TTT of thyrotoxic crisis (Kasr 2005)

CL/P and TTT of thyrotoxic crisis (Kasr 2003)

Discuss the diagnosis of hypothyroidism (OCT 2011)

CL/P and TTT of hypothyroidism (Kasr 2004)
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(((CALCIUM)))

Causes of tetany (OCT 2011) (Kasr 2010-08)
Causes of hypocalcemia (OCT 2011)
5 Causes of hypercalcemia (Kasr 2010-08-07-03)
Causes and TTT of hypercalcemia (Kasr 2004-02)

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(((PITUITARY)))

Investigation for pituitary adenoma (Kasr 2011)

CL/P of sheehans syndrome (OCT 2012)
Causes and management of sheehans syndrome (Kasr 2009)

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(((ADRENAL)))

Investigations for Cushing disease (OCT 2012)(Kasr 2011)
5 causes of Cushing syndrome (Kasr 2007)
Laboratory diagnosis of Cushing syndrome (Kasr 2003)

Outline ttt of addisonian crisis (OCT 2011-12)
CL/P and TTT of addisonian crisis (OCT 2012)
4 causes of hypoadrenalism (Kasr 2008)

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(((OTHERS)))

Define and causes of dyslipidemia (Kasr 2010)

DF

disease of lipid metabolism
result in disturbance in lipid & lipoptn in blood (hyper or hypo lipidemia)
* lipoptn is a ptn carrying TGs & cholesterol in the blood
it has 5 forms (chylomicron / VLDL /IDL / LDL / HDL)

ETIOLOGY

1- HYPOLIPIDEMIA

- 1- hyperthyroidism
- 2- malnutrition & malabsorbtion
- 3- chronic inf : TB / AIDS

2- HYPERLIPIDEMIA

(A) HYPERCHOLESTEROLEMIA

- * 1ary : familial hypercholesterolemia
- * 2ary
 - 1- hypothyroidism
 - 2- DM
 - 3- obst .J
 - 4- nephritic \$
 - 5- drugs (BB/ cortisone / diuretics : thiazide / frusemide)

(B) HYPERTRIGLYCERIDEMIA

* 1ary : familial hypertriglyceridemia

* 2ary

1- alcoholism

2- DM

3- obesity

4- CRF & dialysis

5- drugs (BB/ cortisone / diuretics : thiazide & frusemide / estrogen)

(C) MIXED HYPERLIPIDEMIA

Enumerate causes of Gynecomastia (KASR 2009-06)

4 causes of short stature (Kasr 2009)

4 causes of stunted growth (Kasr 2008-07)

GIT :

(((PEPTIC ULCER)))

Outline medical TTT of duodenal ulcer (OCT 2012)
Outline TTT of helicobacter pylori infection (OCT 2012)(Kasr 2011)
Outline TTT of peptic ulcer secondary to NSAID (Kasr 2012)
Discuss drug TTT of peptic ulcer (Kasr 2006)

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(((DIARRHEA)))

Define diarrhea (Kasr 2012)

Its a symptom not a disease
due to change in the bowel habit in the form of
1- increase amount
2- increase frequency
3- decrease consistency (loose stools)

5 mechanisms of chronic diarrhea and give example for each (OCT 2012)

- 1- osmotic
- 2- inflammatory
- 3- motility
- 4- secretory (increase fluid secretion)
- 5- malabsorptive (decrease fluid absorbtion)

6 causes of Chronic diarrhea (OCT 2012)

5 Causes of diarrhea (Kasr 2007)

Enumerate types of diarrhea (Kasr 2011)

- 1- ACUTE : enumerate causes
- 2- CHRONIC : enumerate 5 mechanisms + causes of each

5 causes of chronic diarrhea with bulky greasy stool (Kasr 2010)

causes of Bulky gresy stool (steatorrhea) = all causes of malabsorbtion \$

Classify and enumerate causes of chronic diarrhea (Kasr 2009)

enumerate 5 mechanisms + causes of each

Causes of generalized weakness in prolonged diarrhea (Kasr 2005)

- 1- manifestation of specific nutrient deficiency
 - a) CHO : hypoglycemia
 - b) ptn : m. wasting
 - c) Na : m. cramps
 - d) K : myopathy
 - e) vit B6 : neuropathy
 - f) iron / folic / vit B12 : anemia
 - g) water : dehydration

2- manifestation of the cause

- a) hypothyroidism
- b) thyrotoxicosis
- c) Addison's disease

Causes of diabetic diarrhea (Kasr 2004)

1- MOTILITY DIARRHEA

DM ==> autonomic neuropathy ==> gastroparesis ==> decrease motility bact overgrowth (stagnant loop \$)
==> diarrhea

2- OSMOTIC DIARRHEA

DM ==> malabsorption ==> presence of hypertonic non absorbable solute in intestine ==>
attract fluid from blood to intestine ==> loose stool (diarrhea)

3- INFLAMMATORY DIARRHEA

diabetics are more prone to infection due to decreased immunity by

- a) inhibition of phagocytes
- b) inhibition of neutrophils chemotaxis
- c) decrease vascularity (microangiopathies) ==> decrease blood components to combat bact
- d) glu is a good media for bact proliferation

(((CONSTIPATION)))

Define constipation (Kasr 2012-09)

presence of 2 or more of

- * infrequent stools < 3 times / w
- * hard stool
- * incomplete evacuation
- * straining > 1/4 time of defecation
- * use manual (digital) maneuver for evacuation and support pelvic floor

6 causes of chronic constipation (OCT 2011)(Kasr 2007)

1- acute : tumor / stricture / anal fissure / diverticular disease

2- chronic : others

5 investigations for constipation (Kasr 2011)

Investigation for constipations = inv of the cause

- 1- Colonoscopy to exclude cancer colon , diverticular disease, GIT bleeding
- 2- Barium enema to exclude stricture, malignancies
- 3- Plain X-ray for Intestinal obstruction
- 4- colonic transit time: Assessment of motor function of the colon & pelvic floor
- 5- defecography & ano-rectal manometry
- 6- Thyroid function tests for myxedema
- 7- serum calcium for hyper calcemia
- 8- Investigations for typhoid infection
- 9- complete blood picture
- 10 serum K for Hyperkalemia

Explain: old patient may complain of constipation (Kasr 2010)

- 1 -reduced dietary fiber intake
- 2- limited fluid intake,

3-motility disorder : the power of the bowel muscles diminishes with age
4 - medications : old age tend to take more medicines that have constipating side-effects. as
opioids, anticholinergics, NSAIDs, ccb
5- cancer colon: constipation + bleeding,+ abdominal pain,+ nausea,+ weight loss 6- Less
exercise

.....

(((MALABSORPTION)))

Causes of malabsorption syndrome (OCT 2011)
Investigation for malabsorption (OCT 2012)(Kasr 2011)

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(((GIT bleeding)))

5 causes of bleeding per rectum (OCT 2011-12)(Kasr 2012)
Causes of fresh bleeding per rectum due to upper GI bleeding (Kasr 2006)

==> all cause of upper git bleeding if
massive (huge amount)
very sever
rapid transient time
==> giving no time to be digested

Causes of upper GI bleeding (Kasr 2006-05)
Diagnostic approach of melena (Kasr 2009)

(A) CAUSES OF MELENA

- 1- lesion above l of tretiz : same causes of hematemesis
- 2- lesion below l of tretiz : small bowel pathology : eg : meckel.s diverticulum / tumors

(B) CLINICAL APPROACH

1- HISTORY

- a) personal : age / sex / habits
- b) present :
 - *of melena : O/ C/ D /amount / color /
 - *of the cause : peptic ulcer /gastritis/ varices / drugs (NSAID) / hepatitis
- c) past : shistosomiasis
- d) family : hgic blood disease

2- EXAMINATION

- a) general signs : vital sign / signs of LCF
- b) local signs : mass / tenderness / scars

3- INVESTIGATIONS

- a) labs : ABG / CBC / HB / HCT / LFT / coagulation profile
- b) endoscopy
- c) barium radiography
- d) angiography

(((abd pain)))

5 Causes of acute epigastric pain (Kasr 2012)
Investigation for epigastric pain in 25y old male (OCT 2011)

- 1- HEART : MI ==> ECG / cardiac enzymes
pericarditis ==> ECG
angina ==> coronary arteriography
aortic dissection ==>

- 2- LUNG : diaphragmatic pleurisy ==> inv of the cause
massive PE ==> pul angiography
- 3- LIVER : hepatitis ==> liver fun tests
liver abcess ==> US
HCC ==> biobsy
- 4- KIDNEY : CRF ==> kidney fun tests
- 5- SKIN : HZ
- 6- BLOOD : sickle cell anemia ==> CBC
hemolytic crisis
DKA
- 7 – osephago gastric causes
osophagus : GORD / osophagitis ==> osophygeal manometry
stomach : gastritis
duodenum : peptic ulcer ==> barium swallow
intestine : IB\$
GB : cholecystitis

5 Causes of medical acute abdomen (OCT 2012)(Kasr 2011-08)

- 1- HEART : acute inf MI / RF (non inf peritonitis)
- 2- LUNG : acute pleurisy / pneumonia
- 3- LIVER : acute hepatitis
- 4- KIDNEY : uremia (hyponatremia → colics)
- 5- SKIN : HZ
- 6- JOINT : SLE
- 7- BLOOD : sickle cell anemia
hemolytic crisis
food poisoning
FMF
DKA

(((IBD)))

Outline ttt of ulcerative colitis (OCT 2011)(Kasr 2011-09-04)
Outline TTT of crohn's disease (Kasr 2012)

(((others)))

4 flag signs in GIT disease (Kasr 2009)

- 1- absolute constipation
- 2- massive severe bleeding
- 3- chronic diarrhea
- 4- persistent vomiting
- 5- acute abd pain
- 6- sever w.t loss

Warning signs in Irritable bowel syndrome (OCT 2012)

- 1- onset of symptoms after age of 40
- 2- progressive or sever symptoms
- 3- symptoms awakening the patient
- 4- bleeding per rectum
- 5- weight loss or fever
- 6- family history of cancer or IBD

4 causes of acute pancreatitis (kasr 2008-07)
4 causes of vomiting (kasr 2008)
Causes of huge splenomegaly (Kasr 2006)

Risk factors for cancer colon (OCT 2012)

- 1- history of adenomatous polyps esp villous adenoma
- 2- familial poliposis coli esp villous type
- 3- IB\$ ulcerative colitis & chrons
- 4- gardner.s \$
- 5- uretrocolic anastomosis
- 6- low fiber / high fat diet
- 7- genetic : (multistep theory) 1st degree relative with cancer colon or adenomatous polyps
- 8- previous pelvic irradiation

TTT acute intestinal amoebiasis with doses(OCT 2011)(Kasr 2011-10)
Describe pharmacological therapy of Amoebic dysentery (Kasr 2009-04)
CL/P and TTT of bacillary dysentery (Kasr 2006-04-03)

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.....

HEPATOLOGY :

(((JAUNDICE)))

5 Causes of conjugated hyperbilirubinemia (OCT 2011)(Kasr 2010)
Investigation for Obstructive jaundice (OCT 2011-12)
CL/P of acute obstructive jaundice (OCT 2012)
Classify and enumerate causes of Obstructive jaundice (Kasr 2009)
4 causes of hemolytic jaundice (kasr 2008)
Causes of bleeding tendency in cholestatic jaundice (Kasr 2006)

1- malabsorbtion of vit k deficiency :

in obst j

==> obst of biliary pathyway

==> decrease Bile salts in intestine

==> decrease in absorption of fat soluble vitamins including vitamin K

==> deficiency of vit k dependant clotting factors (2 / 7 / 9 / 10)

2 manifestation of the cause

a- HCC

b- benign biliarry cirrhosis

Causes of dark frothy urine in obstructed jaundice (Kasr 2005)

in obst j

==> obst of biliary pathyway

==> regurge of bile into blood :

1- increase bile pigment in blood ==> dark urine

2- increase bile salts in blood ==> frothy urine

Causes of pale stool in obstructed jaundice (Kasr 2005)

in obst j

==>obst of biliary pathyway
==> prevent cholebillirubin to reach intestin
==> decrease stercobilinogen in stools ==> pale stools

Causes of intermittant jaundice

(A) HEMOLYTIC
- hemolytic crysis

(B) OBSTRUCTIVE
calcular :all : due to stone movement (ball & valve mechanism)
malignent : ca ambulla of vatter
* central necrosis & degeneration ==> relieve obst
* recanalization ==> obst

(C) HEPATOCELLULAR
-Gilbert \$

(((VIRAL HEPATITIS)))

Aetiology and CL/P of acute virus A hepatitis (OCT 2011-12)
TTT of chronic hepatitis C (OCT 2012)
CL/P of acute viral hepatitis (Kasr 2011)

General sanitary measures should be followed by household contacts of patient with hepatitis A (Kasr 2010)

- 1- good hygienic measures eg : regular hand-washing after using the bathroom
- 2- hand-washing before preparing or eating food,
- 3- isolation only if a) fecal incontinence b) bleeding from body orifice
- 4- proper handling of pt excreta

4 causes of chronic hepatitis (Kasr 2009)
Describe pharmacological therapy of chronic hepatitis B (Kasr 2009)

(((LIVER FAILURE)))

CL/P of liver cell failure (OCT 2011)

Give reason: Patient with liver disease have bleeding tendency (Kasr 2010-06-04

(A) LOCAL

- 1- peptic ulcer (defect in gastrin catabolism ==> ++ HCL)
- 2- portal HTN ==> varices & melena
- 3- congestive gastropathy

(B) GENERAL

- 1- defect in clotting factors
 - * vit K dependant clotting factors (2/ 7 /9/ 10)
 - * factor 1 (fibrinogen)
- 2- defect in platlets
 - * thrombocytopenia : due to hypersplenism
 - * thromboathenia : due coating of platlets by toxins

Constipation should be avoided in patient with decompensated liver disease (Kasr 2010)
Causes of acute hepatic failure (Kasr 2008)
Causes of Hematemesis in chronic liver disease (Kasr 2006)
Discuss pathogenesis and CL/P of hepatocellular failure (Kasr 2005)
Criteria for diagnosis of hepatorenal syndrome (Kasr 2011)
out line of ttt of spontaneous bacterial peritonitis (Kasr 2012 ..5 marks)

(A) SYMPTOMATIC

- * fever ==> antipyretics
- * abd pain ==> analgesics

(B) SPECIFIC

non hepatotoxic broad spectrum antibiotics : cephalosporin / ciprofloxacin

(C) TTT OF THE CAUSE

- * ther.s no obvious cause

(D) TTT OF COMPLICATIONS

- * ttt of encephalopathy
- * ttt of ascitis : only after ttt encephalopathy

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(((PORTAL HYPERTENSION)))

CL/P of portal hypertension (Kasr 2005)
Causes of portal hypertension (Kasr 2004)
Management of bleeding oesophageal varices (Kasr 2008-04)
Causes and clinical manifestation of portal hypertension (Kasr 2010)

.....

(((ASCITIS)))

Investigation for ascites (OCT 2012)
Outline TTT of ascites (OCT 2012)(Kasr 2012)
Give reason: ascites in liver disease (Kasr 2006-05)
Causes of ascites precox (Kasr 2005)

- 1- pericardial effusion & constrictive pericarditis due to :
 - a) kinking of hepatic Vs
 - b) lymphatic obst
- 2- congestive heart failure with predominate right sided pathology eg TR
- 3- portal HTN

Causes, pathogenesis, diagnosis, and TTT of ascitis (Kasr 2004)

.....

(((ENCEPHALOPATHY)))

Outline TTT of hepatic encephalopathy (OCT 2012)(Kasr 2012)
TTT of hepatic coma (Kasr 2005)
CL/P and PDF of hepatic coma (Kasr 2005)

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(((OTHERS)))

Causes of palmer erythema (Kasr 2006)

- 1- polycythemia
- 2- pregnancy
- 3- alcoholism
- 4- autoimmune diseases eg : RA
- 5- leukemia (hairy cell leukemia)
- 6- LCF
- 7- CCPs
- 8- corticosteroids
- 9 – thyrotoxicosis
- 10 familial

Causes of spider naevi (Kasr 2006)

- 1- pregnancy
- 2- autoimmune diseases eg : RA
- 3- LCF / chronic liver diseases / HCC / hepatitis
- 4- vit B 12 deficiency
- 5 – thyrotoxicosis
- 6 healthy normal persons

Causes of central cyanosis in chronic liver disease (Kasr 2005)

1. Pulmonary arteriovenous shunt due to vasodilator materials
2. porto-pulmonary shunts
3. tense ascitis → elevate diaphragm → Basal lung collapse → encroach on vital capacity of the lung

CL/P and TTT of amoebic hepatitis (Kasr 2005)

TTT of amoebic liver abscess (Kasr 2004)

Management of cirrhotic patient with tense ascites and asymptomatic esophageal varices (Kasr 2009)

5 causes of liver cirrhosis (Kasr 2007)

Explain: Obesity is associated with NASH (Kasr 2010)

obesity ==>

- 1- IR
 - 2- DM type 2
- ==> affect lipolysis ==> fatty accumulation within hepatocytes
==> fatty infiltration of liver without inflammation(steatosis) (simple fatty liver)
then liver cell injury ==> inflammation & steatosis ==> NASH (NAFLD)

* liver injury may be due to :

- 1- direct cellular toxicity by increased FFA
- 2- lipid peroxidation
- 3- oxidant stress

5 causes of tender hepatomegaly(OCT 2011)

- 1- liver congestion
- 2- liver inflammation : hepatitis / liver abscess (amebic – pyemic)
- 3- fatty liver
- 4- malignancy : if invade capsule
- 5- normal : rare

4 causes of soft hepatomegaly (kasr 2008)

- 1- liver congestion
- 2- liver inflammation : hepatitis
- 3- fatty liver
- 4- normal : rare

Risk factors of hepatocellular carcinoma (OCT 2011)

Causes of enlarged liver in diabetic patient (Kasr 2005)

- 1- inflammatory
diabetics are more prone to infection due to decreased immunity by
 - a) inhibition of phagocytes
 - b) inhibition of neutrophils chemotaxis
 - c) decrease vascularity (microangiopathies) ==> decrease blood components to compact bact
 - d) glu is a good media for bact proliferation
- 2- neoplastic (HCC) : DM is a PPF to HCC through
 - a) obesity : 80 % of type 2 DM are obese
 - b) hyperinsulinemia
 - c) + IGF s
 - d) – sex H binding globins
 - e) ++ free androgens
- 3- obstructive jaundice : due to
 - a) HCC
 - b) chronic emphysematous cholecystitis → gall stones → CBD stones
- 4- congestive hepatomegaly due to HF
- 5- fatty liver
- 6- lymphoma (immunosuppression)

Enumerate causes of general weakness, fatigue & ill-health for 1 year duration (2003)

cardio>> heart failure,HTN,
chest >> bronchogenic carcinoma,TB
Endocrine >> Hypothyroidism
Renal << renal failure
Hematology >> chronic hemolytic anaemia ,leukemia

Q def : anorexia ??

Absolute loss of appetite
of progressive or stationary course
always associated with w.t loss

HEMATOLOGY :

(((RBCs)))

Define anemia (Kasr 2009)

Discuss the diagnosis of iron deficiency anemia (OCT 2011)

Investigation for iron deficiency anemia (OCT 2012)(Kasr 2011)

Management of patient with microcytic anemia of uncertain origin (Kasr 2009)

TTT of iron deficiency anemia (Kasr 2003)

4 causes of iron deficiency anemia (Kasr 2008)

4 causes of autoimmune hemolytic anemia (Kasr 2008)

Diagnosis of a case of haemolytic anemia (Kasr 2004)

CL/P and Lab findings of sickle cell anemia (Kasr 2005)

5 causes of haemolytic anemia in 35y old female (OCT 2012)

==> all causes except hereditary

Investigations for haemolytic anemia (Kasr 2012)

Discuss TTT of ankylostoma anemia (Kasr 2006-05-04)

Causes of anemia in ankylostoma infection (Kasr 2004)

4 causes of folate deficiency (Kasr 2008)

TTT of megaloblastic anemia (Kasr 2010)

CL/P and TTT of pernicious anemia (Kasr 2004)

Causes of macrocytic anemia (Kasr 2003)

Causes of pancytopenia (OCT 2012)(Kasr 2012-05)

Investigation of aplastic anemia (OCT 2011)

5 causes of aplastic anemia (Kasr 2011)

CL/P of PRV (OCT 2012)

Causes of low ESR (Kasr 2005)

Anemia (Sickle cell / Spherocytosis only)

Polycythemia

Cryoglobulinemia

Dic (afibrinogenemia)

Hf

Hypoproteinemia (liver diseases)

NSAID

.....

(((WBCs)))

Causes of Agranulocytosis (OCT 2011)

5 Causes of granulocytopenia (Kasr 2010)

4 causes of polymorph nuclear leucocytosis (Kasr 2008)

4 causes of leukocytosis (Kasr 2008)

5 causes of esinophilia (Kasr 2011-08)

TTT of AML (OCT 2011)

CL/P, Investigation, and TTT of CLL (Kasr 2008)

Give reason for bleeding in acute leukemia (Kasr 2006)

1: -- platelets :

leukemia causes BM infiltration and -- platelets production

leukemia causes splenomegaly and hypersplenism and ++ platelets destruction

2: -- coagulation factors :

-leukemic infiltration of the liver causes LCF and -- production of coagulation factors.

3: blood vessels defect :

ttt of leukemia via steroids and chemotherapy causes weakness in the wall of BVs and becomes easily ruptured leading to purpura

Diagnosis of acute leukemia (Kasr 2003)

(((PLATELET AND COAGULATION)))

TTT of ITP (OCT 2012)(Kasr 2002)

CL/P of ITP (Kasr 2005)

Aetiology and TTT of purpura (Kasr 2004)

Complication of drugs used in TTT of ITP (Kasr 2002)

1- STEROIDS: c/p of cushing - pigmentations

2- CYCLOSPORINS: BM suppression/nephrotoxic

3- cyclophosphamide : BM suppression /carcinogenic

4- DANAZOL: esp in females

a) hirsutism . acne

b) breast atrophy

c) irregular menstrual periods

d) weight gain

Causes of thrombocytopenia (OCT 2011)(Kasr 2010-08)

Classify and enumerate causes of thrombocytopenia (Kasr 2009)

Causes, diagnosis, and TTT of hypo-prothrombinemia (Kasr 2002)

Drug Induced Purpura

1 platelet defect:

a) decreased production:

bone marrow failure=drugs causing aplastic anemia

megaloblastic anemia:

1. drugs that lower folic acid

2. drugs cause general malabsorption: cholestyramine, neomycin, dindivan

myelodysplastic syndrome: chemotherapy used

B) increased destruction: autoimmune as drugs cause AIHA & drugs cause sle

2) thrombocytopathy:

antiplatelet drugs= aspirin,

Autoimmune= drugs cause sle

3) vessel wall defect= vascular purpura: salicylates, sulphonamides, penicillin

Causes of bleeding tendency with normal PT

1- BV disease =====> ALL

2- PLATELETS disease ==> ALL

3- COAGULATING .F disease with pure intrinsic pathway affection

* 8 ==> hemophilia A / VWD

* 9 ==> hemophilia B

* 11 ==> hemophilia C

* 12

*extrinsic pathway ==> 1/2/5/7/10
*intrinsic pathway ==> 1/2/5/8/9/10/11/12/13
*common pathway ==> 1/2/5/10
*pure intrinsic pathway ==> 8/9/11/12

.....

(((OTHERS)))

5 investigations for bleeding tendency (Kasr 2011)
Causes of recurrent epistaxis in chronic liver disease (Kasr 2006)
Causes of bone marrow failure (Kasr 2006)

==> bone marrow failure = aplastic anemia

4 routine lab tests done for volunteer blood donor (Kasr 2009)

- 1- HB
- 2- ABO blood-typing
- 3- RH
- 4- blood testing : syphilis HIV HBV HCV

Blood transfusion side effects (Kasr 2007)
Enumerate 5 infections may be transmitted by blood transfusion

TTI (TRANSFUSION TRANSMITTED INF)

A) VIRUSES

- 1 Hepatitis B
- 2 Hepatitis C
- 3-Human T-Lymphotropic Virus (HTLV III) (HIV)
- 4 Human T-Lymphotropic Virus (HTLV I/II)
- 5 Cytomegalovirus (CMV)
- 6 EBV
- 7 SARS

B) PARASITES

- 1 Malaria (only by RBCs)
- 2 Leishmaniasis
- 3 Lyme disease
- 4 trypanosoma (Chagas disease)
- 5 toxoplasma
- 6 Syphilis (rare)

C) BACTERIA

- 1- Gram - ve bact ==> bacteremia / septicemia

what is the type of anemia in :
45- years old female wiz pharyngeal dysphagia of 6 months

- DD :
- 1- plummer venson \$ (iron def anemia)
 - 2- scleroderma (ACD / MAHA / anemia of uremia)
 - 3- oesophageal ca (rare)(hgc anemia)

what is the type of anemia in :
62-years old male wiz significant change in bowel habits over z past year

==> colorectal ca

INFECTION :

(((FEVER)))

Define hyperpyrexia (Kasr 2009)

elevation of the body tm without change in the hypothalamic thermal set point
due to failure of heat dissipation (getting rid of)
in case of exposure to high environmental tm eg heat stroke
clinically : fever > 41 degree
treated by physical cooling (not antipyretics : normal hypothalamic set point)

6 causes of fever with jaundice (OCT 2012)
5 causes of fever with lymphadenopathy (Kasr 2011)
10 causes of fever of unknown origin (OCT 2012)(Kasr 2011)
Diagnostic approach for fever of unknown origin (Kasr 2012)
Classify and enumerate causes of prolonged fever of unknown origin (Kasr 2009)
Define fever of unknown origin, enumerate causes and discuss investigations
(Kasr 2007)

.....
(((MALARIA)))

Prophylaxis of Malaria (OCT 2012)
CL/P of acute malaria (OCT 2012)
TTT of acute malaria falcipara with doses (Kasr 2011-05)
Give account on 2 anti malarial drugs (Kasr 2004)
TTT of cerebral malaria (Kasr 2003)

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(((OTHERS)))

Discuss the diagnosis of generalized lymphadenopathy (OCT 2011)

Outline ttt of Brucellosis (OCT 2011)(Kasr 2010-07)
CL/P of brucellosis (OCT 2012)
Diagnosis and TTT of brucellosis (Kasr 2003)

CL/P of infection mononucleosis (OCT 2011)
CL/P, Investigation, and TTT of infection mononucleosis (kasr 2008)

Outline TTT of typhoid fever (OCT 2012)(Kasr 2005)
CL/P, Investigation, complication, and TTT of typhoid fever (kasr 2008)

TTT acute intestinal amoebiasis with doses(OCT 2011)(Kasr 2011-10)
Describe pharmacological therapy of Amoebic dysentery (Kasr 2009)

TTT with doses of Terian malaria (Kasr 2007):
TTT with doses of brucellosis (Kasr 2007)
TTT with doses of Active urinary bilharziasis (Kasr 2007):
TTT of schistosomiasis (Kasr 2006)
TTT of intestinal schistosomiasis (Kasr 2004)

TTT of giardiasis and ascariasis (Kasr 2010-07-06)

TTT of giardia lamblia (Kasr 2004)

Define opportunistic infection (Kasr 2009)

infection caused by pathogens
that usually do not cause disease in a healthy individual with healthy immunity
in case of compromised immunity (DM / chemotherapy / HIV / immunosuppressives)
they take opportunity to infect
eg: viruses : CMV / HSV / EBV / HZV
bacteria : TB
protozoa : toxoplasmosis
fungi : candidiasis / pneumocystis carinii

Give reason for hyponatremia and hypotension in cholera (Kasr 2006)

1- hypotension due to

- a) sever diarrhea ==> dehydration & hypovolemic shock
diarrhea is effortless painless of huge volum (water rise diarrhea)
due to : cholera prolefrate in intestinal lumen ==> exotoxins
A : attach to crypts ==> increase intestinal secretion of h₂O & Cl
B : attach to villi ==> decrease intestinal absorbtion of h₂O & Na
- b) ARF (diuretic phase) due to hypovolemic shock

2- hyponatremia due to

- a) sever vomiting
- b) sever diarrhea
- c) ARF : due to hypovolemic shock

CL/P and TTT of urinary shistosomiasis (Kasr 2006)

TTT with doses of Active urinary bilharziasis(Kasr 2007)

TTT with doses of Ascariasis (Kasr 2007)

(A) PROFELACYTIC

- . good personal hygiene
- . wash vegetables

(B) CURATIVE

1- symptomatic ttt

- * abd pain ==> analgesics
- * diarrhea ==> anti diarrheal drugs

2- specific ttt

- * main line of ttt (drug of choice)
==> mebendazole 100 mg / 12h for 3d
- * alternative drugs
==> thiabendazole 25mg daily for 2 days
pyrantel pamoate 11mg once
levimazole 150mg once

3- ttt of complications

- * I.O : surgical
- * pancreatic duct obst : surgical

causes of anemia in ancylostoma infection

(A) ancylostoma dudinale : ==> chronic blood loss

- a) iron deficiency anemia
- b) vit b12 deficiency anemia (pernicious anemia)
- c) folic acid deficiency anemia

(B) ancylostoma canniun :

auto immune hemolytic anemia (in dogs)

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NEPHROLOGY :

(((RENAL FAILURE)))

Discuss the diagnosis of acute renal failure (OCT 2011)
Causes and CL/P of chronic renal failure (OCT 2011)(KASR 2009)
Management of Acute renal injury (OCT 2012)(Kasr 2011-03)
Management of chronic renal failure (Kasr 2011)
5 causes of acute kidney injury following pre-renal cause (Kasr 2010)

==> prerenal causes of ARF

TTT of end stage kidney disease (Kasr 2010)

- 1- dialysis
- 2- renal transplant

Causes of acute renal failure (kasr 2008)
Indication of dialysis in acute renal failure (Kasr 2007)
Causes of acute deterioration of patient with chronic renal failure (Kasr 2007)

==> same causes of ARF + Systemic infection
- eg, urinary tract infection (UTI), chest infection, central line..

Give reason for hypocalcemia in chronic renal failure (Kasr 2006)

- a) the diseased kidney can't excrete P ==> hyperphosphatemia
- b) the diseased kidney can't reabsorb ca
- c) -- production of active vit d

Causes of bleeding tendency in CRF (Kasr 2005)

in CRF ==> uremic toxins ==>

- a) coating the platlets =====> thromboathenia (platelet dysfunc)
- b) ++ platlets destruction =====> thrombocytopenia
- c) coating the clotting factors => toxic inhibition of the clotting factors (clotting factors dysfun)

-

Causes of anemia in CRF (Kasr 2005-04)
CL/P and laboratory diagnosis of acute renal failure (Kasr 2004)

3 mechanisms for acute kidney injury and 2 examples for each

==> 3 causes
1- pre renal
2-- renal
3- post renal
discuss examples for each

(((NEPHROTIC)))

TTT of Nephrotic Syndrome (OCT 2011) (Kasr 2010)
CL/P of nephrotic syndrome (OCT 2012)
Causes of nephrotic syndrome (Kasr 2008)
Causes of edema in nephrotic syndrome (Kasr 2004)
Laboratory diagnosis of nephrotic syndrome (Kasr 2003)
6 causes of Macroalbuminuria (OCT 2012)

all causes of proteinuria except microalbuminuria (30 : 300)

- (A) 0 : 30 ==> NORMAL
(B) 30 : 300 ==> MICRO (DM/ HTN / OBESITY)
(C) > 300 ==> MACRO (ALL OTHER CAUSES)
 a) 300 : 3500 ==> gross (sub nephrotic) proteinuria
 b) > 3500 ==> heavy range (nephrotic) proteinuria

(((NEPHRITIC)))

Causes and management of rapid proliferative Glomerulonephritis (Kasr 2009-04)

ETIOLOGY

- (A) 1ARY idiopathic : type 1/2/3
(B) 2ARY
infection : post streptococcal / SBE
immune : SLE / GPs / henochline purpura / Wegner's granulomatosis
iatrogenic : allopurinol / penicillamine / rifampicin / hydralazine

C/P

- 1- hematuria
2- nephritic S (rare)

COMP

- 1- ARF : rapidly progressive (Ds : Ws)

INV

- 1- inv of nephritis S
2- inv of ARF
3- inv of the cause : plasmapheresis

TTT

(A) TTT OF THE CAUSE

1- STEROIDS

- a) pulse therapy : methylprednisolone 1000mg / 1h for 5d IV
b) maintenance : prednisolone 1 mg / kg / d oral
c) gradual withdrawal

2- IMMUNOSUPPRESSIVES

- a) pulse therapy : cyclophosphamide
b) maintenance : azathioprine

3- PLASMAPHERESIS

(B) SYMPTOMATIC TTT ==> of nephritic S

(C) TTT OF COMP ==> of ARF

Causes of acute nephritic syndrome (Kasr 2008)

==> all causes (nephritic \$ is an acute condition)

Complication of nephritic syndrome (Kasr 2012)

- 1- ARF
- 2- malignant htn
- 3 HTN encephalopathy
- 4- HF
- 5- acute pulm edema

Causes and CL/P of acute nephritic syndrome (Kasr 2004)

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(((PYELONEPHRITIS)))

Describe drug therapy (with doses and side effects) of acute pyelonephritis (Kasr 2009)

(A) GENERAL

analgesic antipyretic : paracetamol

(B) SPECIFIC

1- empirical

a) ciprofloxacin :

- * dose : 500 mg bid oral
- * side effect : 1- hypersensitivity reaction : fever / skin rash / itching / k pain / laryngeal edema
- 2- git irritation : nausea / vomiting / diarrhea
- 3- neurotoxic

b) tetracycline

- * dose : 100 mg bid oral
- * side effect : 1- hypersensitivity reaction : fever / skin rash / itching / k pain / laryngeal edema
- 2- git irritation : nausea / vomiting / diarrhea
- 3- hepatorenal toxic : transient hepatitis / jaundice

2- according to C& S

a) amoxicillin (for gram +ve cocci)

- * dose : 100 mg bid oral
- * side effect : 1- hypersensitivity reaction : fever / skin rash / itching / k pain / laryngeal edema
- 2- git irritation : nausea / vomiting / diarrhea
- 3- dark urine

b) carbinicillin (for pseudomonas)

- * dose : 1 gm / 6h iv
- * side effect : as amoxicillin

c) ciprofloxacin (for E coli)

d) gentamycin (for gram -ve bacilli)

- * dose : 80 mg / 8 h iv
- * side effect : 1- nephrotoxic
- 2- neurotoxic
- 3- ototoxic

Aetiology and PDF of acute pyelonephritis (Kasr 2003)

.....

(((ELECTROLYTES)))

TTT of hyperkalemia (OCT 2011)

Define and mention 5 causes of hypokalemia (Kasr 2012)

Causes and CL/P of hyperkalemia (kasr 2008-07)

Causes of metabolic acidosis (OCT 2011)(Kasr 2007)

Causes of metabolic alkalosis (Kasr 2008)

.....

(((SYMPTOMATOLOGY)))

Define and mention causes of oliguria (OCT 2011)(Kasr 2011-12)

2 causes of anuria after renal transplantation (Kasr 2009)

1- chronic rejection ==> ischemic manifestations of the graft due to

a) immunological causes

b) non immunological causes

(long standing htn / dyslipidemia / infection / cyclosporine toxicity)

2- renal A or V occlusion (stenosis or thrombosis)

3- ureter occlusion (stenosis or thrombosis)

4- recurrent original disease in grafted kidney

Causes of polyurea and differentiate between them (Kasr 2003)

Causes of hematuria (OCT 2011)

6 causes of hematuria of kidney origin (OCT 2012)(Kasr 2011)

Causes and DD of hematuria (kasr 2008)

NEUROLOGY :

(((STROKE)))

Define crossed hemiplegia (Kasr 2009)

TTT of Cerebral TIA (OCT 2011)(Kasr 2011)

Outline TTT of thrombotic hemiplegia (Kasr 2012)

Explain: AF is a recognized cause of cerebral stroke (Kasr 2010)

Diagnostic approach of embolic stroke (Kasr 2009)

1- TYPE OF PT : PPF OF ATHEROSCLEROSIS

2- C/P (carotid / V.B.A stroke)

3- DD (DISCUSS FEATURES OF EMBOLIC STROKE from the table)

4- inv

Define, CL/P, DD, and TTT of TIA (Kasr 2006)

Difference between thrombosis, embolism, and hemorrhage (Kasr 2004):

Explain : AF is a recognized cause of cerebral stroke 2010

AF IS A CAUSE OF ISCHEMIC (thrombotic and embolic) STROKE

THE QUESTION IS ASKING ABOUT : HOW AF CAUSE THROMBOSIS ?

THE ANSWER IS : VERCOW.S TRIAD

1- vessel wall disease (due to atherosclerosis)

a) AF ==> ppf for atherosclerosis

b) atherosclerotic coronary artery disease is the most common etiological factor for AF

2- slow circulation

AF ==> atria discharge at about 500 beat / minute ==> allow no time for good atrial contraction ==> stagnant blood ==> slow circulation

3- blood hyperviscosity (due to polycythemia)

a) COPD

b) cyanotic heart d

are causes of AF

they lead to chronic hypoxia which is the most common cause of polycythemia

Causes of stroke in young age??

(((PARAPLEGIA)))

Causes of paraplegia (OCT 2011)

CL/P of spastic paraplegia (OCT 2011-12)

Investigation for spastic paraplegia (OCT 2012)

5 causes of spinal paraplegia (Kasr 2011)

Classify and enumerate causes of paraplegia (Kasr 2009)

(((PREPHERAL NEUROPATHY)))

Causes and CL/P of polyneuropathy (OCT 2011)

Causes of peripheral neuropathy (OCT 2012) (Kasr 2011-08)

CL/P of GBS (OCT 2012)

Enumerate causes of polyneuropathy and mention the ttt of one of them
(Kasr 2010)

Enumerate causes of polyneuropathy and describe CL/P of one of them (Kasr 2007)

TTT of diabetic peripheral neuropathy (Kasr 2005)

Causes of diabetic peripheral neuropathy (Kasr 2004)

TTT of polyneuropathy (Kasr 2003)

TTT of pellagra (Kasr 2005)

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(((HEADACHE)))

TTT of migraine headache (OCT 2011)(Kasr 2004)

Red flags in cluster headache (Kasr 2012)

- 1- significant trauma
- 2- onset after 50 y
- 3- sudden onset
- 4- new onset with risk factor of HIV or cancer
- 5- increase frequency & severity
- 6- associated with systemic disease (meningismus / rash / fever)
- 7- papilloedema
- 8- altered consciousness
- 9- focal neurological deficit

Enumerate causes of headache and Outline the ttt of one of them (Kasr 2010)

4 causes of headache (Kasr 2008-03)

Differentiate between causes of headache (Kasr 2003)

.....

(((CRANIAL NERVES)))

CL/P of bell's palsy (Kasr 2011-04)

Give account on bell's palsy (Kasr 2006)

Give account on trigeminal neuralgia (Kasr 2005)

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(((OTHERS)))

Causes and CL/P of subarachnoid Hge (OCT 2011-12)(Kasr 2006)

CL/P of subarachnoid Hge (Kasr 2011)

Difference between UMNL and LMNL (Kasr 2012)

Anatomy of circle of willis (Kasr 2005)

Causes of exaggerated knee with lost ankle reflex (Kasr 2008 -05)

- 1-Friedrich's ataxia
- 2- pellagra
- 3- SCD

4 causes of hand tremors (Kasr 2009)

(A) HYSTERICAL

(B) FINE

- 1- thyrotoxicosis
- 2- emotional stress
- 3- old age
- 4- excessive smoking
- 5- chronic alcoholism
- 6- sympathomimetics (B- stimulant)
- 7- hypoglycemia

(C) COARSE

- 1- static : parkinsonism
- 2- kinetic : cerebellar ataxia
- 3- flapping : MSOF
- 4- familial

Causes of tonic atrophy of muscle of the limbs (Kasr 2006)

- 1- postrolateral cervical spondylosis
- 2- Amyotrophic lateral sclerosis

Outline TTT of parkinsonism (OCT 2012)(Kasr 2011-06-04)
Clinical signs of Parkinsonism (Kasr 2012)
TTT of chorea (Kasr 2003)

CL/P of cervical spondylosis (Kasr 2004)
4 causes of atrophy of small muscle of hand (Kasr 2008)
Causes of cauda equina (OCT 2011)

Causes of convulsions (OCT 2011-08)
5 investigation for convulsions
Outline TTT of status epilepticus (Kasr 2012)

CL/P of middle cerebral artery occlusion (Kasr 2005)
CL/P of internal carotid artery occlusion (Kasr 2004)

Clinical signs of PICA (Kasr 2012)

5 investigations for brain tumour (Kasr 2011)

Outline TTT of meningitis (OCT 2012)
Diagnose and ttt meningococcal meningitis (Kasr 2010-04)

management of coma (KASR 2012)
Investigation of Coma (OCT 2011)

5 causes of come without lateralization (OCT 2012)

➔ EXTRACRANIAL CAUSES OF COMA

cuses of unilateral ataxia 2010

==> unilateral causes of

1- VESTIBULAR ATAXIA

2- SENSORY ATAXIA

- a) peripheral n : PN
- b) post root : DS
- c) brain stem : tumor vascular lesion

3- CEREBELLAR ATAXIA :

- a) infection : brain abscess

- b) vascular : stroke
- c) tumor : medulloblastoma / astrocytoma
- d) demyelinating : DS

causes of non compressive cervical myelopathy (طب المنيا)

myelopathy = pathology of the spinal cord

(A) BILATRAL(spinal paraplegia (below c5) or quadri (above c 5)

=> all causes of spinal paraplegia except focal compression
(intra / extra medullary)

(B) UNILATRAL (spinal hemiplegia)

=> all causes of hemiplegia except

- * Hge
- * tumors
- * trauma

**female presented with recurrent attacks of hemiplegia
on examination she had complete left hemiplegia and rt cerebellar ataxia her
fundus showed blurring of left optic disk**

=> its its a case of recurrent transient hemiplegia for DD

1- MS (the diagnosis)

2-FHM familial hemiplegic migrane

(being a female / optic disk affection / ataxia)

PSYCHIATRY :

(((ORGANIC MENTAL DISORDERS)))

Differentiate between delirium and dementia in (CL/P, Course, and Prognosis) (OCT 2012)
Contrast the CL/P of delirium and dementia (Kasr 2009)
Define and Enumerate common causes of delirium (OCT 2012)(Kasr 2012-10)
Aetiology and CL/P of dementia (Kasr 2005-04)

.....

(((DRUGS)))

Side effects of antipsychotic drugs (OCT 2012)
Indications of antidepressant (Kasr 2012)
Side effects of TCA (Kasr 2010)
Pharmacological TTT of depression (Kasr 2008-06)

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(((ANXIETY)))

Enumerate Types of anxiety disorders and their definitions (Kasr 2008)
Describe the CL/P of obsessive compulsive disorders (Kasr 2006)
Give account on generalized anxiety disorder (Kasr 2004-02)
CL/P of manic episode (OCT 2012)(Kasr 2012)
CL/P of panic attack (Kasr 2012)
Short note on panic disorder (Kasr 2005)

.....

(((DEPRESSION)))

6 Symptoms of depression (OCT 2012)(Kasr 2006)
List 6 causes of depression (Kasr 2008)
CL/P and TTT of major depression (Kasr 2004)

.....

(((SCHIZOPHRENIA)))

Management of schizophrenia (OCT 2012)
Types of schizophrenia and discuss one of them (OCT 2012)(Kasr 2004-02)
CL/P of schizophrenia (Kasr 2010-04)

.....

(((OTHERS)))

What are the psychiatric SYMPTOMS that indicate that a patient is suicidal
(Kasr 2009)

Enumerate 3 psychiatric disorders associated with a high risk of suicidal (Kasr 2009)

6 risk factors associated with suicide (Kasr 2008)

What are the common psychiatric conditions presenting to emergency (Kasr 2008)

Name, doses, and route of administration of 2 medications used in ttt of violence caused by psychotic symptoms (Kasr 2006)

4 clinical differences between hysterical and epileptic fits (Kasr 2006)

How to manage hysterical fits in 17y old girl (Kasr 2006)

clinic pic :
occurs in presence of people ,,
Does Not hurt herself ,,
Does Not occur at sleep ,,
No incontinence ,,

Invest :
EEG : Normal
Others to exclude any Electrolyte disturbance ,

TTT :
Reassurance
May use valium ,

List 2 groups of symptoms that distinguish psychotic from mental disorders (Kasr 2006)

Give account on psychosomatic disorders (Kasr 2003)

Give account on delusion (Kasr 2003-02)

Define tolerance and dependence of substance abuse (Kasr 2012)

Enumerate the causes of violence (Kasr 2012)

RHEUMATOLOGY :

(((SLE)))

TTT of SLE (OCT 2011)(Kasr 2003)

CL/P of SLE (OCT 2012)(Kasr 2011)

Management of SLE with pancytopenia (Kasr 2009)

- (A) CP
- (B) INV
- (C) TTT

1- ttt SLE : as usual

(except : NSAID / immunosuppressive drugs : both ==> BM failure)

(pulse steroid therapy)

2- ttt pancytopenia

a) general (bl. Transfusion / antibiotics / GM-CSF / platelets)

b) specific (accord to the cause)

* hypersplenism ==> splenectomy

* tb ==> anti tb drugs (except INH : cause of SLE)

* megaloblastic anemia ==> folic acid & vit b12

* PNH ==> BMT / anticoagulants

* aplastic anemia ==> BMT / BM. Stimulants (except estrogen : cause of SLE)

What are the renal manifestation of lupus nephritis (Kasr 2008)

Management of diffuse proliferative lupus nephritis (Kasr 2008)

1- ttt of nephritic s (except hydralazine in ttt of htn : cause of SLE)

2- ttt SLE : steroids high dose + immunosuppressive drugs

(except cyclosporine : ppt to ATN ==> ARF)

3- ttt ARF : dialysis

Give reason: anemia in SLE (Kasr 2006)

(A) MACRO CYTIC ANEMIA

- associated pernicious anemia (auto immune disease)

(B) NORMO CYTIC ANEMIA

- AIHA (worm reacting Abs)

- aplastic anemia (NSAID as ttt of SLE)

- anemia of uremia (when SLE complicated with nephropathy)

- anemia of chronic disease

(C) MICRO CYTIC ANEMIA

- anemia of chronic disease

- iron deficiency anemia due to :

* GIT bleeding : NSAID / steroids

* bleeding tendency : thrombocytopenia / anti factor 8 Abs (hemophilia like)

(((RHEUMATOID ARTHRITIS)))

CL/P of rheumatoid arthritis (OCT 2011)(Kasr 2012)

TTT of rheumatoid arthritis (OCT 2012)(Kasr 2011-06-04)

CL/P and Investigation of rheumatoid arthritis (Kasr 2008)

Give reason for Osteoporosis in rheumatoid arthritis (Kasr 2006)

1 -corticosteroid for treatment of rheumatoid arthritis can trigger Osteoporosis

2- Pain and loss of joint function caused by R.A==> immobilization==> increasing osteoporosis risk.

3- inflammatory cells in RA directly leads to bone loss:

(lymphocytes and macrophages release multiple harmful materials which erode bone as PGs,

reactive oxygen species, leukotrienes, cytokines as TNF-alpha & IL1 and release of collagenase enzyme)

4- females : more prone to R.A : high risk for Osteoporosis

5- RA being auto immune disease may be associated with other autoimmune diseases eg:

Primary biliary cirrhosis / thyrotoxicosis ==> increase risk for Osteoporosis

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(((GOUT)))

Outline TTT of acute gout (Kasr 2011-06-05)

Describe pharmacological therapy of gout (Kasr 2009)

CL/P of chronic gouty arthritis (Kasr 2005)

TTT of chronic gouty arthritis (Kasr 2003)

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(((OTHERS)))

Causes and management of Osteoporosis (Kasr 2008)

Causes of polyarthritis (OCT 2011)(Kasr 2010-08)

Differential diagnosis of polyarthritis (Kasr 2008)

==> all causes of polyarthritis (acute and chronic) + most imp criteria of each

Causes of painful arthritis (Kasr 2006)

1- all causes of polyarthritis except : osteoarthritis

2- all causes of monoarthritis except : traumatic hemoarthrosis

Diagnostic approach of acute mono-arthritis (Kasr 2009)

(A) causes of acute mono-arthritis

1- traumatic

2- septic arthritis

3- acute gout

(B) diagnostic approach

a) history

1- pain / hotness/ redness / swelling / limitation of movement

2- history of the cause

* traumatic : trauma

* gout : alcohols / ARF / acidosis / diet / drugs / dehydration/ hyper parathyroidism / hypothyroidism

* septic arthritis artificial j / advanced age / drugs / DM

b) examination

1- general : fever

2- description : tenderness / redness / hotness / swelling

3- distribution :

* traumatic : any

* gout : 1st metatarsophalangeal j / ankle / dorsum / knee

* septic arthritis : knee

4- deformity

* all are non erosive

c) investigations

1- x ray

2- CBC: ESR CRP leucocytosis

3- aspirate synovial fluid

* trauma : RBCs

* gout : urate crystals

* septic arthritis : neutrophils

4- kidney fun test : impaired in gout

Define arthralgia (Kasr 2009)

=> joint pain without inflammation

6 Causes of neck pain (OCT 2012)(Kasr 2012)

5 Causes of low back pain (Kasr 2012)

6 causes of Acute knee arthritis in 17y old male (OCT 2012)

1-rheumatic fever

2-rheumatoid arthritis

3- sero negative arthritis

4-septic arthritis

5-fracture

6-osteomyelitis

7-tendinitis

8-bursitis

4 Causes of swollen tender knee joint (Kasr 2009)

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الذي يرحون بالدموع يخصون بالابتهاح
انظروا إلى الأجيال القديمة ونأملوا. هل توكل أحد على الرب فنجزي؟
الذي بدأ معك أول الطريق له يترك في منتصفه
هو شاف هو عارف مش ينسى ☺

WhiteKnightLove